

**ACP CLASS DROP FORM**

\*\*\*Request must be submitted within 5days of the beginning of class.  
Requests will NOT be considered after 5 days.

Student Name: \_\_\_\_\_ AP Class: \_\_\_\_\_

\_\_\_\_ I give permission for my student to drop this AP class

\_\_\_\_ I understand that this may affect their Academic HOnors Diploma status

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current class grade \_\_\_\_\_

\_\_\_\_ I approve for the student to drop    \_\_\_\_ I do NOT approve for the student to drop

**PLEASE RETURN FORM TO SCHOOL COUNSELOR AFTER TOP THREE  
SIGNATURES ARE COMPLETE**

Counselor Signature: \_\_\_\_\_

\_\_\_\_ I approve for the student to drop    \_\_\_\_ I do NOT approve for the student to drop

Principal Signature: \_\_\_\_\_

\_\_\_\_ I approve for the student to drop    \_\_\_\_ I do NOT approve for the student to drop

**Result:    \_\_\_\_ Student dropped the class    \_\_\_\_ Student stayed in the class**